

**EL PASO POLICE
CITIZEN POLICE ACADEMY
APPLICATION FOR ENROLLMENT**

APPLICANT MUST BE 18 YEARS OF AGE TO APPLY (NO HIGH SCHOOL STUDENTS). PLEASE BE SURE TO COMPLETE THE ENTIRE APPLICATION AND RETURN TO ANY POLICE REGIONAL COMMAND OR POLICE HEADQUARTERS.

Start Date: September 22, 2015

PLEASE PRINT CLEARLY.

PERSONAL:

NAME: _____ DATE OF BIRTH: _____
Last, First, MI mm/dd/yy

ADDRESS: _____
Street # Street name Apt Zip

PHONE: (____)____/(____)____/(____)____/(____)____
Night Time Day Time Cell Other

TX DRIVERS LICENSE #: _____ TX ID CARD #: _____

E-MAIL ADDRESS (For contact/information only): _____

EDUCATION:

Highest education completed: highest grade completed 6 7 8 9 10 11 12 HS grad.____ GED____

College: Fr. Soph. Associate Degree Jr. Grad. Graduate School

Degree /Major(s) _____

EMERGENCY CONTACTS:

List two immediate family members or friends that we can contact in the event of an emergency.

NAME: _____ RELATIONSHIP _____

ADDRESS: _____ PHONE #S: _____

NAME: _____ RELATIONSHIP _____

ADDRESS: _____ PHONE #S: _____

PLEASE REVIEW THE APPLICATION TO ENSURE YOU HAVE ENTERED ALL REQUESTED DATA.

APPLICANTS SIGNATURE

DATE